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FE7AN014

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVET

2015 FEB -2 PH 12: 16

EEC.MAIL CENTER

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1. NAME OF TYPE OR PRINT COMMITTEE (in full)			PRINT V	Example: If typing, type over the lines.			12FE4M5			
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ADDRESS (r	number and street)	13	West	358	486,0	eati			<u> </u>	لبيب
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thai	eck if different n previously orted. (ACC)	Men	, York,	Clay			NY	[10,0	<u>oll-</u> [
2. FEC ID	ENTIFICATION N	IUMBER ▼		CITY			STATE	\	ZIP CODE	A
CO	0543.14.		3.	IS THIS REPORT		NEW . (N) OF		AMENDED (A)		
4. TYPE (Choose	OF REPORT	(b) Mor Rep		eb 20 (M2		May 20 (M	5)	Aug 20 (M8)	(N	ov 20 (M11) Ion-Election
·	•	Due	On:	Mar 20 (M3		Jun 20 (M6) <u> </u>	Sep 20 (M9)	D	ear Only) IEC 20 (M12) Ion-Election
(a) Qua	arterly Reports:		n .	Apr 20 (M4)	П	Jul 20 (M7)	П	Oct 20 (M10)	Ye	ear Only) an 31 (YE)
	April 15 Quarterly Report (Q1) (c)	12-Day	П	Primary (1	2D)	<u>ы</u>	eneral (12G)	n s	unoff (12R)
	July 15 Quarterly Report (PRE-Election		•	•			LJ '''	unon (1211)
	October 15 Quarterly Report (O3)	Report for the	L	Convention	1 (120)	L Sp	ecial (12S)		
	January 31 Year-End Report (Ele	ction on	Man	/ 0 0 /	YYY	Y X - Y	in the State of	
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d)	30-Day POST-Election Report for the	100	General (3	90G)	☐ Ru	inoff (30R)	[] s _i	pecial (30S)
	Termination Report (TER)	t	•	ection on		100	ŽŎ	Ý.	in the State of	ΝY
5. Covering	g Period	Ď / Ď	1 26	ĬĢĬ	through	I.	<u> </u>	Ç / 26	i¥	
I certify that	I have examined	this Report a	nd to the bes	t of my kno	wledge an	d belief it is	true, corre	ect and comple	te.	
Type or Prin	t Name of Treasur	er 🚚	Do No	Horge	gs J	· Balle	y No	horgan		
Signature of	Treasurer	J. Bar	lay M	organ			Date		\$ '	2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109										
ı u	ffice Jse								FORM Rev. 12/200	